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SEP 1 5 2004

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09/16/2004 EABUBAK2 00		17		(Depositor's na						
01 FC:1501 1330.00 DA .02 FC:1504 300.00 DA										
				D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
09/893,617	06/29/2001		Toshihik	to Okano	P107460-00005	4928				
TITLE OF INVENTION: PROCESS APPLN. TYPE	SHAPE DESIGN PROCES	SS OF ENGINEE		DUCTS AND PNEUMATIC	TOTAL FEE(S) DUE	THE PRESENT DESI GN DATE DUE				
nonprovisional				\$300	\$1630					
		\$1330		\$500	¬	11/05/2004				
: EXAMINER		ART UNIT		CLASS-SUBCLASS	J					
OEN, W	ILLIAM L	2855		073-146000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (a) NAME OF ASSIGNEE (b) RESIDENCE: (CITY and STATE OR COUNTRY) 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
		ries (will not be pri	nted on the p	atent); ☐ individual 🐴	corporation or other private gr	oup entity 🖸 governm				
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☑ Issue Fee ☑ Publication Fee (No small entity discount permitted)			☐ A check in the amount of the fee(s) is enclosed.							
Advance Order - # of	•	<u>-</u>	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).							
- •	(from status indicated above MALL ENTITY status. See 3	•	🗅 b. Applica	ant is not claiming SMALL EN	JTITY status. See, e.g., 37 CFF	t 1.27(g)(2).				
NOTE: The Issue Fee and P interest a shown by the recomborized Senature) David Nika: This collection of informatian application. Confidential submitting the completed a this form and/or suggestion.	ido, Reg.No. 22, on is required by 37 CFR 1.3 ity is governed by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT(s for reducing this burden, sh inia 22313-1450. DO NOT S	ill not be accepted in and frademark (1) (Date) 663, Septem 11. The information 122 and 37 CFR ID. Time will vary could be sept to the	mber 15 is required 14. This collepending up Chief Inform	2004 to obtain or retain a benefit by lection is estimated to take 12 on the individual case. Any obtain of the individual case. Any obtain of the individual case.	sly paid issue fee to the applica gistered attorney or agent; or the the public which is to file (and minutes to complete, including comments on the amount of the diffrademark Office, U.S. Depa SS. SEND TO: Commissioner for	by the USPTO to proc g gathering, preparing, ne you require to comp				

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Complete if Known

FEE IRANSWILLAL		Application Number			er (09/893,617-Conf. #4928			
for FY 2004		Filing Date			June 29, 2001				
101 F1 2004		First Named Inventor			Toshihiko Okano				
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name				1	W. L. Oen			
Applicant claims small entity status. See 37.CFR 1.27	Art Unit				1	2855			
TOTAL AMOUNT OF PAYMENT (\$) 1,636.00	Attorney Docket No.				o. I	ION-0005			
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
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Deposit Account Rader, Fishman & Grauer PLLC	1051	130	2051	65	Surcharge -	late filing fe	e or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – sheet.	Surcharge – late provisional filing fee or cover sheet.			
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English	English specification			
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a re	quest for ex p	oarte reexa	mination	
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to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting	publication o	of SIR after	г	
FEE CALCULATION	1251	110	2251	55	Extension fo		n first mon	th	
1. BASIC FILING FEE	1252	420	2252	210	Extension fo	r reply within	n second n	nonth	
Large Entity Small Entity	1253	950	2253	475	Extension fo	r reply within	third mor	nth	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension fo	r reply within	n fourth me	onth	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension fo	r reply within	n fifth mon	th	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Ap	peal			
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief		f an appea	al	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for	=	C		
1005 160 2005 80 Provisional filing fee	1451 1452	1,510 110	1451 2452	1,510	Petition to in: Petition to re	•		ceeding	
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to re				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue f				1,330.00
Extra Fee from	1502	480	2502	240	Design issue		ŕ		
Total Claims -20** = x =	1503	640	2503	320	Plant issue for	ee			
Independent -3** = x	1460	130	1460	130	Petitions to t	he Commiss	sioner		
Claims	1807	50	1807	50	Processing f	ee under 37	CFR 1.17	(q)	
Large Entity Small Entity	1806	180	1806	180	Submission of	of Informatio	n Disclosu	ure Stmt	
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1202	1809	770	2809	385	(37 CFR 1.1		mar rejec	aton.	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each add examined (3)				
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	Request for			n (RCE)	
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for		kamination	1	
and over original patent	Other fee (specify) 8001; fee for early				Printed copy	n application py of patent w/o color; Publication ly, voluntary, or normal 306.00			
SUBTOTAL (2) (\$) 0.00	publication					(\$)	1,636.00		
**or number previously paid, if greater; For Reissues, see above							(-)		
SUBMITTED BY						(Complete	(if applica	ble))	
Name (Print/Type) David (Nikaido		ration No	22	2,663		Telephone	(202) 9	55-3750	
Signature	(Attomey/Agent) 2,000					Date September 15, 2004			
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